PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number				
Effective December 8, 2004									10/539881				
-	CLAIMS AS FILED - PART I							SMALL ENTITY		OTHER THAN			
L	(Column 1) (Column 2)							TYPE	<u> </u>	OR -	SMALL	ENTITY	
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300	
EX.	AMINATION FI	Satisfies PCT Article 33(1)- (4) = \$50/\$100			other situations = \$ 100 / \$ 200		EXAM FEE		1	EXAM. FEE	0200		
SEARCH FEE			U.S. is ISA = \$507\$ 100 ALL other countries = \$ 2007\$ 400		ARC	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =		
10	TAL CHARGEA	/ minus 20 = .		٠	P		X\$25=		OR	X \$ 50 =	-		
IND	EPENDENT C	LAIMS	/ minus 3 = .			Ø		X \$ 100 =		OR	X \$ 200 =	_	
MULTIPLE DEPENDENT CLAIM PRESENT								+\$ 180 =	V	OR	+ \$ 360 =	-	
. H	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	900	
Ce	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OTHER THAN OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /	
	Total	· 13	Minus	- 20	\mathcal{Q}_{-}	= 05		X \$ 25 =		OR	X \$ 50 =		
	Independent	2	Minus	***	3	= &		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ -180 =		OR	+\$360=		
			TOTAL ADDIT.		OR	TOTAL ADDIT. FEE	/						
		(Column 1)		4Calum	à\	/O-1 0\							
		CLAIMS		(Colum		(Column 3)	Г		ADDi-				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
	Total	•	Minus .	••		=	ŀ	X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	•••			r	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						I	+ \$ 180 =		OR	+ \$ 360 =		
										OR	TOTAL ADDIT.		
FEE ON FEE													
	t the "Highest Nu	nn 1 is less than the ober Previously Paid	FOR IN THIS SP	ACE is less	than "X	F enter TOP						İ	
	ing traubitest uni	riber Previously Paid	For IN THIS SP	ACE is less	than "J"	enter "3". Test number found in	the :	appropriale box	in column 1.				